

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18	1	1				
19		1				
20		1				
21		1				
22	1	1				
23		1				
24	1	1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		2				
31		2				
32		2				
33		2				
34	1					
35						
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47	1					
48						
49						
50		1				
TOTAL IND.	8					
TOTAL DEP.		10				
TOTAL CLAIMS	105					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		(1)				
80		(1)				
81		(1)				
82		(1)				
83		(1)				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY